



IPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE MATTER OF:

TSUJIURA, Michio

GROUP: 2834

SERIAL NO.: 10/817,236

EXAMINER: Karen B. Addison

FILED: April 2, 2004

FOR: MULTI-ELECTRODE PIEZOELECTRIC CERAMIC

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

This is in response to the outstanding Office Communication dated September 13, 2004. Applicant respectfully requests an extension of the time for reply to this Office Communication until March 13, 2005, with the extension fee to be deducted from our Deposit Account. No. 01-1944.

Please amend the application as follows:

FEE
ONLY

03/25/2005 JHAYES 00000007 011944 10817236

NYDOCS1-766973.2

01 FC:1253 1020.00 DA

Dec. 8, 2004
PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

10 | 817234

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	Minus	20	=
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	395.00	OR BASIC FEE	790.00
X 25		OR X 50	
X 100		OR X 200	
+180		OR +360	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		OR X 50	
X 100		OR X 200	
+180		OR +360	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	---	=	
Independent	Minus	---	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE, ADDITIONAL FEE		RATE, ADDITIONAL FEE	
X 25		OR X 50	
X 100		OR X 200	
+180		OR +360	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	22	=	
Independent	Minus	---	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE, ADDITIONAL FEE		RATE, ADDITIONAL FEE	
X 25		OR X 50	
X 100		OR X 200	
+180		OR +360	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number entered in column 1.